

ANNUAL GOALS AND BENCHMARKS/SHORT-TERM OBJECTIVES

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Date: _____ Student: _____

Area of Need:	Measurable Annual Goal: _____ Goal # _____		ANNUAL GOAL REVIEW: Date _____
Baseline:	Person(s) Responsible: _____ ___ Enables student to be involved/progress in general curriculum and/or ___ Addresses other educational needs resulting from the disability		___ 1. No Progress ___ 2. Partial Progress (1% - 49% of goal met) ___ 3. Substantial Progress (50% - 99% of goal met) ___ 4. Goal Met or Exceeded
Baseline:	Benchmark / Short-Term Objective:	Person(s) Responsible: _____	Review Date: _____ ___ 1. No Progress ___ 2. Partial Progress ___ 3. Substantial Progress ___ 4. Obj. Met or Exceeded
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